

Request For Continued Examination (RCE) Transmittal	<i>Application Number</i>	10/571,997
	<i>Filing Date</i>	9 March 2007
	<i>First Named Inventor</i>	BUCHOLD, H.
	<i>Group Art Unit</i>	1796
	<i>Examiner Name</i>	Godenschwager, P
	<i>Attorney Docket Number</i>	23508

This is a Request for Continued Examination under 37 CFR 1.114 of the above-identified application.

<p>1. <u>Submission required under 37 CFR 1.114</u></p> <p>a. <input type="checkbox"/> Previously submitted</p> <ul style="list-style-type: none"> i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 CFR 1.116 filed _____. ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply brief filed _____. iii. <input type="checkbox"/> Other _____. <p>b. <input checked="" type="checkbox"/> Enclosed</p> <ul style="list-style-type: none"> i. <input checked="" type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input type="checkbox"/> Information Disclosure Statement (IDS) iv. <input type="checkbox"/> Other _____. <p>2. <u>Miscellaneous</u></p> <p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months.</p> <p>b. <input type="checkbox"/> Other _____.</p> <p>3. <u>Fees</u></p> <p>a. <input type="checkbox"/> The Director is hereby authorized to charge the following fees or credit any overpayments to deposit account 18-2025.</p> <ul style="list-style-type: none"> i. <input type="checkbox"/> RCE fee required under 37 CFR 1.17(e). ii. <input type="checkbox"/> Extension of time fee under 37 CFR 1.136 or 1.17 iii. <input type="checkbox"/> Other _____. <p>b. <input type="checkbox"/> Check in the amount of \$_____.</p> <p>c. <input type="checkbox"/> Payment by credit card (PTO-2038 attached).</p> <p>d. <input checked="" type="checkbox"/> Payment through EFS.</p>
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SIGNATURE OF ATTORNEY			
Name	Jonathan Myers	Reg. No.	26,963
Signature	/Jonathan Myers/	Date	30 July 2008

CERTIFICATE OF MAILING			
I hereby certify that this correspondence			
Name			
Signature		Date	